



Supplemental Material to:

Anita M. Nucci, Caitlin Sundby Russell, Ruiyan Luo, Vijay Ganji, Flora Olabopo, Barbara Hopkins, Michael F. Holick and Kumaravel Rajakumar

The effectiveness of a short food frequency questionnaire in determining vitamin D intake in children

Dermato-Endocrinology 2013; 5(1)
<http://dx.doi.org/10.4161/derm.24389>

**[http://www.landesbioscience.com/journals/dermatoendocrinology/
article/24389](http://www.landesbioscience.com/journals/dermatoendocrinology/article/24389)**

Supplemental Data. Vitamin D & Sunlight Exposure Questionnaire*

Subject ID: _____ Subject Initials: _____ Interview Date: _____

1. Date of Birth: _____

2. What is your child's age (years): _____

3. Height (cm): _____

4. Weight (kg): _____

5. Ethnic Group: Is your child Hispanic or Latino?

Yes No Unknown/Declined to answer

6. Race: what do you consider your child's race to be?

American Indian/ Alaskan Native Asian American
 Native Hawaiian/ Pacific Islander American Black or African American
 White or Caucasian More than one race

7. Does your child take a multivitamin? Yes No

If yes,
Specific brand (s): _____
How often does he/she take the Multivitamin? _____

8. Does your child take a calcium supplement? Yes No

If yes,
Specific brand (s): _____
How often does he/she take the Calcium supplement? _____

9. Does your child take a vitamin D supplement? Yes No

If yes,
Specific brand (s): _____
How often does he/she take the Vitamin D supplement? _____

10. Does your child take Cod Liver Oil? Yes No

If yes,
Specify how much per day: _____
Specific brand (s): _____

11. On average, how many glasses (8 ounce/glass) of milk does your child drink per day?

12. Besides milk, does your child drink/eat other dairy foods that may have been fortified with vitamin D?

If yes,

How many glasses (8ounce/glass) of Soy milk or Lactaid[®] milk or Chocolate milk does your child drink per day? _____

How many servings of cheese (1 ounce or 1 slice/serving) does your child eat per day? _____

How many servings (1 cup/serving) of yogurt does your child eat per day? _____

13. Does your child drink vitamin D-fortified orange juice?

If yes,

How many glasses (8 ounce/glass) of vitamin D fortified orange juice does your child drink per day? _____

14. On average, how many times per month does your child eat the following foods?

| | | None (0) | 1x/ month | 2x/ month | 3x/ Month | 4x/ month | More than 4 times/month |
|-----|--------------------|-------------|--------------|--------------|--------------|--------------|----------------------------|
| 14a | Baked white fish | | | | | | |
| 14b | Lox (cured salmon) | | | | | | |
| 14c | Herring | | | | | | |
| 14d | Salmon | | | | | | |
| 14e | Whitefish | | | | | | |
| 14f | Sardines | | | | | | |
| 14g | Mackerel | | | | | | |
| 14h | Dried mushrooms | | | | | | |

15. Does your child drink a nutrition supplement like Ensure[®], PediaSure[®] or Carnation[®] Instant Breakfast? Yes No

If yes,

How many servings (8 ounces or 1 package/serving) per day: _____

Specify brand(s): _____

16. Does your child eat breakfast cereal? Yes No

If yes,

How many bowls (1 ½ cups) per week: _____

Specify brand(s): _____

17. Does your child eat breakfast bars or protein bars? Yes No

If yes,

How many servings (1 bar/serving) per week: _____
Specify brand(s): _____

18. On average in the summer how many hours per day does your child spend outside in the sun each day?

- 2 hours or less More than 2 hours

If more than 2 hours, how many hours: _____

19. When your child spends time outside, which of the following body parts are usually exposed?

- | | | |
|------------------|------------------------------|-----------------------------|
| 19a. Face | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19b. Hands | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19c. Arms | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19d. Legs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

20. Do you apply sunscreen on your child when he or she goes outside? Yes
 No

If yes,

20a. What brand (s) do you use? _____

20b. What SPF (Sun Protection Factor) do you use? _____

20c. How often do you use sunscreen on your child?
 Often Sometimes Seldom

21. Did your child travel to a sunny location for a holiday? Yes No

If yes,

21a. Where did your child visit: _____

21b. When last did your child travel: _____ year _____ month _____

21c. How many days did your child spend in the sunny location:

*Adapted from Dr. Michael Holick's vitamin D questionnaire

Vitamin D content of foods used in nutrient analysis:

| | |
|---|--------|
| Multivitamin (each, if specific brand not listed) | 400 IU |
| Cod liver oil (tsp) | 453 IU |
| Milk (8 oz) | 124 IU |
| Soy milk (8 oz) | 114 IU |
| Lactaid [®] milk (8 oz) | 100 IU |
| Chocolate milk (8 oz) | 128 IU |
| Cheese (1 oz) | 6 IU |

| | |
|--|----------------|
| Vitamin D fortified orange juice (8 oz) | 100 IU |
| Baked white fish (3 oz) | 39 IU |
| Lox (1 oz) | 119 IU |
| Herring (3 oz) | 182 IU |
| Salmon (3 oz) | 400 IU average |
| Whitefish (3 oz) | 130 IU |
| Sardines (3 oz) | 164 IU |
| Mackerel (3 oz) | 88 IU |
| Dried mushrooms (3 oz) | 100 IU |
| Nutrition supplement (8 oz, if brand not listed) | 119 IU |
| Breakfast cereal (1.5 cups, if brand not listed) | 60 IU |